UNITED STATES DISTRICT COURT

for the

| Western District of New York | | | | |
|---|------------------------------------|--|--|--|
| HEALTHNOW NEW YORK INC., |))) | | | |
| Plaintiff(s) | – ´) | | | |
| V. | Civil Action No. 1:16-cv-00512 | | | |
| |) CIVII Action No. 1110 6V 60612 | | | |
| CHSPSC, LLC and COMMUNITY HEALTH SYSTEMS, INC., |))) | | | |
| | _) | | | |
| • • • • | | | | |
| SUMMON | S IN A CIVIL ACTION | | | |
| To: (Defendant's name and address) COMMUNITY HEALT 4000 Meridian Boulev Franklin, Tennessee, | vard | | | |
| A lawsuit has been filed against you. | | | | |
| Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jeremy P. Oczek, Esq. BOND, SCHOENECK & KING, PLLC 200 Delaware Avenue Buffalo, New York 14202-2107 Telephone: (716) 416-7037 Email: joczek@bsk.com | | | | |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court. | | | | |
| | CLERK OF COURT | | | |
| Date: | | | | |
| <u> </u> | Signature of Clerk or Deputy Clerk | | | |

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Civil Action No. 1:16-cv-00512

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| was re | This summons for (nan ceived by me on (date) | | | | | |
|--------|--|------------------------------------|---------------------------------|------|--|--|
| was 10 | cerved by the on (ame) | · | | | | |
| | ☐ I personally served the summons on the individual at (place) | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | |
| | on (date), a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or | | | | | |
| | | | | | | |
| | \square I served the summons on (name of individual) , who | | | | | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I returned the sumn | nons unexecuted because | | ; or | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | |
| | I declare under penalty | y of perjury that this information | n is true. | | | |
| Date: | | | | | | |
| | | | Server's signature | | | |
| | | | Printed name and title | | | |
| | | | Server's address | | | |

Additional information regarding attempted service, etc: